

QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT PROGRAM

Self-Assessment Questions	YES	NO	N/A	Date/Initials	Comments
<p>Is it the written responsibility of the hospital's governing body, the medical staff and administrative officials to assure the following</p> <p>a. the quality improvement program is defined, implemented and maintained?</p> <p>b. all quality improvement and patient safety activities are evaluated?</p> <p>c. clear expectations for safety are established?</p> <p>d. adequate resources are allowed for measuring, assessing, and sustaining performance and reducing risk to patients?</p> <p>e. a determined number of distinct improvement projects is conducted annually?</p> <p>A-0309 COP §482.21(e)(1-5)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Can the hospital demonstrate that the governing body specified the frequency and detail of data collection?</p> <p>A-0271 COP §482.21(b)(3)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Has the hospital developed and implemented a quality assessment and performance improvement (QAPI) program that is effective, ongoing, organization-wide, data-driven, patient-oriented and systematic?</p> <p>19 CSR 30-20.112(a)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Does the written performance improvement plan include the purpose, objectives, scope, authority and responsibility?</p> <p>19 CSR 30-20.112(3)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Does the plan include a systematic, organization-wide approach to designing, measuring, assessing and improving performance of patient care and organizational function?</p> <p>19 CSR 30-20.112(2) & (4)(A)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>At a minimum, does the program:</p> <p>a. review the care, including outcomes, provided by medical and nursing staff and other healthcare professionals?</p> <p>b. review care provided by any clinical contracted services?</p> <p>c. include monitoring of administration of</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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Does the hospital have a system for prioritizing performance improvement, patient safety and medical error reduction? A-0283 COP §482.21(c)(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Has the hospital set priorities for its performance improvement plan that: a. focuses on high-risk, high-volume, or problem-prone areas and consider the incidence, prevalence and severity of problems in those areas? b. affect health outcomes, patient safety and quality of care and patient safety? 19 CSR 30-20.112(4)(D) A-0283 COP §482.21(c)(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the hospital measure, analyze and track quality indicators, including adverse patient events, and other aspects of performance that assess processes of care, hospital services and operations? A-0273 COP §482.21(a)(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the hospital include corrective action plans from past survey findings in its QAPI program to ensure monitoring of sustainability? (See Task 4 in Appendix A under Survey Protocol.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the program incorporate quality indicator data including patient care data, hospital specific data, and other relevant data, such as QIO information and data? A-0271 COP §482.21(b)(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
If a hospital is not participating in a QIO project, are the hospital's projects comparable in effort to QIO projects? A-0297 COP §482.21(d)(4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Do your hospital's performance improvement activities track: a. medical errors and adverse patient events? b. analyze their causes? c. preventative actions and mechanisms that include feedback and learning throughout the hospital? d. measure that have been modified when action plans were identified as ineffective?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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A-0283 COP §482.21(c)(2)					
Does your hospital document: a. what quality improvement projects are being conducted? b. the reasons for conducting these projects? c. the measurable progress achieved on these projects? A-0297 COP §482.21(d)(3)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

Helpful Hints

- Survey and Cert Letter [12-01](#)-Hospital – contains surveyor assessment worksheets for QAPI.

Key Resources and Links

- [19 CSR 30-20-112](#)
- [COP §482.21](#)